

of T4 and TL counts. From the 10th day, a progressive pancytopenia with a rapid lowering of platelets, neutrophils and lymphocytes occurred. Sulfadiazine, which had previously provoked such a pancytopenia twice, was then stopped. CsA was also stopped. Nevertheless, pancytopenia continued and the patient died on the

AIDS patient C received CsA (3 mg/kg IV) the last two days of his life only, which entailed an increase from 60 to 210 T4 cells/ μ l.

AIDS patient D had no change in his T4 and TL counts over a 10-day period. His CsA plasma level was 120 ng/ml on the 8th day.

TABLE I

Total lymphocyte (TL) counts and T cell subsets (cells/ μ l) in Non-AIDS patients before and during treatment with Cyclosporine A					
Patient Number	T4/TL; (T4 percentage) T8/T6				
	Before	Day 4	Day 7	Day 14	Day 28
1	580/1020; (57) 390			850/1930; (41) 790/580	1035/2160; (48) 840/216
2	305/1380; (22) 800/200		980/2960; (33) 2070/240	990/2960; (33) 2070/440	
3	590/2680; (22) 1840	1560/4000; (39)	1530/3560; (43) 1790/890	1620/4370; (37)	1010/3170; (32) 1460
4	485/1430; (34) 590	1310/3190; (41) 1630/765		980/2170; (45) 740/960	
5	240/1620; (15) 745/130	1295/2695; (48) 1430/675			
6	240/875; (27) 470/70	985/2595; (38) 1170/360			

TABLE II

DAYS	AIDS patient A.					
	1	5	9	10	13	17
Platelets $\times 10^3/\mu$ l	50	115	70	60	30	5
Neutrophils/ μ l	2,900	2,100	2,100	2,200	1500	500
Lymphocytes/ μ l	370	1,020	470	870	300	300
T4/ μ l (percent)	4(1)	330(33)	70(15)	220(25)	10(3)	40(13)
T8, T6/ μ l	100, —	400, 160	300, 105	530, 180	—, 35	—
CsA, mg/kg	Start, 5	10 (oral)	10 (oral)	4 (IV)	4 (IV)	0
Plasma CsA, ng/ml	—	—	30 (diarrhea)	—	415	—

TABLE III

DAYS	AIDS patient B.			
	1	5	7	9
Platelets $\times 10^3/\mu$ l	130	145	160	200
Neutrophils/ μ l	4,000	1,800	2,500	1,600
Lymphocytes/ μ l	600	570	1190	650
T4/ μ l (percent)	180 (30)	170 (30)	380 (32)	235 (36)
T8, T6/ μ l	340, 40	250, 180	590, 380	—, 160
CsA, mg/kg (IV)	Start, 5	5 IV	2,8 IV	2,8 IV
Plasma CsA, ng/ml	—	300	—	—
Creatinine μ m/l	90	210	160	150

18th day.

In AIDS patient B with myelosclerosis (table III), CsA (5 mg/kg IV) was started 3 days after the onset of cotrimoxazole therapy. A progressive neutropenia, which occurred from the 5th day, suggested a cotrimoxazole-induced myelotoxicity. Simultaneously, the creatinine level rose to 210 μ m/l and the CsA plasma level was 300 ng/ml. CsA dosage was then dropped to 2.8 mg/kg and since the respiratory condition of the patient had become normal, cotrimoxazole was stopped on the 7th day. T4 and TL counts then showed a moderate increase followed by a return to previous values.

We claim:

1. Process for increasing the T4 cell number in a patient infected with LAV/HTLV III virus, comprising administering an effective amount of cyclosporin A.

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